



# Iowa Department of Transportation

Office of Driver Services, P.O. Box 9204,  
Des Moines, IA 50306-9204

(800) 532-1121  
(515) 244-9124

## CERTIFICATION OF JUDGEMENT

To: **Office of Driver Services**

From: \_\_\_\_\_  
Name of Clerk of Court or Judge if no Clerk

Plaintiff: \_\_\_\_\_  
Name and Last Known Address

Defendant: \_\_\_\_\_  
Full Name and Last Known Address

Judgement Rendered Against: \_\_\_\_\_  
Full Name Address

Birthdate: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Judgement Date: \_\_\_\_\_  
Case Number

Amount of Judgement: \_\_\_\_\_ plus \_\_\_\_\_ and \_\_\_\_\_  
Costs Interest

Date of Accident Out of Which Judgement Action Commenced: \_\_\_\_\_  
Month Day Year

Place of Accident: \_\_\_\_\_  
City / Town / of Rural Route State

Plaintiff's Attorney: \_\_\_\_\_  
Name Address

Defendant's Attorney: \_\_\_\_\_  
Name Address

I, \_\_\_\_\_, being the duly elected or appointed  
Name of Clerk or Judge  
\_\_\_\_\_ of the \_\_\_\_\_ Court for the State of  
Clerk or Judge District or Other

Iowa, in and for \_\_\_\_\_, \_\_\_\_\_ do hereby  
County City

certify that the above facts are a true and correct description of a judgement as defined in Iowa Code Section 321A.1(3) and that the judgement resulting therefrom has remained unsatisfied sixty (60) days.

In testimony whereof, I have hereunto set my hand and affixed the seal of said Court at my office in

\_\_\_\_\_, Iowa this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
City Day Month Year

SEAL \_\_\_\_\_  
Clerk or Judge

By \_\_\_\_\_  
or Deputy